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MAY 2 2 2017 S. YOUNG TAPETAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: EXIT PLO PERIJES LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MARK SINGH Name of Person |
| MARK SINGHPA Firm/Company |
| 2/8/ EAS! OSK/M) PK blv #304 |
| Address Foli (Sur) Ed. DA (E PL 33306 A) City/State and Zip Code |
| ISX ADVICE ENJURY. COM |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| MARK SIN GH at 914 400_584 X400 Name of Person at 914 400_584 X400 Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Solution Status Solution Sta |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| EX11 | /Kol ERI | ES, LLC | |
|---|--|--|------------------------------|
| (Name of the Lim | ited Liability Company as it n (A Florida Limited Liability C | ow appeárs on our records.) ompány) | |
| The Articles of Organization for this Limited Florida document number | | ed on 3.17.20, | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name | of the limited liability con | npany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Compa | any," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | 30 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 3 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | TARY OF STATE ASSEE, PLORIDA |
| B. If amending the registered agent and registered agent and/or the new registered of | or registered office add | lress on our records, <u>ente</u> | er the name of the new |
| Name of New Registered Agent: | MARKS. | wat Pl | 6' |
| New Registered Office Address: | 2181 EAS | DAK (AN) P Enter Florida street address | K blv 1 Boy |
| | | | 33306 |
| New Registered Agent's Signature, if changing | Registered Agent: | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| (If an effecti Note: If | date, if other than the date in the date in this date inserted in this is effective date on the | oust be specific : block does no | and cannot be pot meet the ap | plicable sta | of filing or more tutory filing r | than 90 days after | ional) er filing.) Purs is date will n | uant to 10t be | 605.0207 listed as |
| | d specifies a delay Oth day after the re | ed effective ecord is file | e date, but d. | not an e | ffective tim | e, at 12:01 | a.m. on th | he ea | arlier of |
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